

Measurement Period

Baseline = 1/1/06 – 12/31/06; PY1 = 7/1/07 - 6/30/08;

**Data Abstraction Definitions
Preventive Care (PC)**

PY2 = 7/1/08 - 6/30/09; **PY3 7/1/09 - 6/30/10**

DATA ELEMENTS/ VARIABLE NAMES	INSTRUCTIONS (DEFINITIONS, VALID VALUES)	INCLUSIONS/SYNONYMS	EXCLUSIONS
Confirm Diagnosis of Chronic Conditions [PCCONFIRMED]	Instruction: Determine if the patient has documentation of at least one of the specified chronic conditions. Yes (1): Select this option if the patient has documentation of at least one of the specified chronic conditions anywhere in the office/clinic record. No/No reason documented (0): Select this option if the patient has no documentation of at least one of the specified chronic conditions anywhere in the office/clinic record. If “No” - STOP ABSTRACTION Medical record not found (2): Select this option if you are unable to find the patient’s medical record.	See list of chronic conditions in Appendix A.1.	None
Office/clinic Visit Date [HFPCVISITDATE] [HFPCINVALID]	THIS ELEMENT IS SYNCHRONIZED WITH THE OFFICE/CLINIC VISIT DATE ELEMENT IN HF Instruction: Enter the date of each visit to the office/clinic in MM/DD/YYYY format <u>during the measurement period.</u> Instruction: Determine if the pre-populated visit date is invalid. Yes (1): Select this option if the pre-populated visit date is invalid and indicate the reason why. No (0): Select this option if the pre-populated visit is not invalid. <i>NOTE: This element defaults to No.</i>	None	None
Blood Pressure Measurement [PCBPMEASURE]	Instruction: Determine if the patient’s BP was recorded at <u>every office/clinic visit during the measurement period.</u> Yes (1): Select this option if the patient’s BP measurement was recorded at this office/clinic visit. No/No reason documented (0): Select this option if the patient’s BP measurement was not recorded at this office/clinic visit.	None	None

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<p>Breast Cancer Screening</p> <p>[PCMAMMOGRAM]</p>	<p>Instruction: Determine if a mammogram was performed during the measurement period or year prior to the measurement period.</p> <p><i>Note: The default setting for this element is CLAIM NOT FOUND.</i></p> <p>Yes (1): Select this option if a mammogram was performed during the measurement period or year prior to the measurement period.</p> <p><i>Note: Documentation in the medical record must include both of the following:</i></p> <ul style="list-style-type: none"> • <i>A note indicating the date the mammogram was performed</i> • <i><u>AND</u></i> • <i>The result of the finding</i> <p><i>(Note: If there is evidence of two separate mastectomies, this patient may be excluded from the measure. The bilateral mastectomy must have occurred by the end of the measurement period.)</i></p> <p>No/No reason documented (0): Select this option if a mammogram was not performed during the measurement period or year prior to the measurement period.</p> <p>Not performed for medical reasons (3): Select this option if there was any documentation the patient had a bilateral mastectomy.</p> <p>Claim not found (2): Select this option if you are not abstracting records for claims-based measures.</p>	<p>Breast imaging, breast x-ray, breast cancer screening, diagnostic mammography, digital mammography, mammogram, screening mammography</p>	<p>None</p>

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<p>Colorectal Cancer Screening</p> <p>[PCFOBT/PERFORM]</p>	<p>Instruction: Determine if colorectal cancer screening is current during the <u>measurement period</u>.</p> <p>Yes (1): Select this option if colorectal cancer screening is current.</p> <p><i>Note: Current colorectal cancer screening is defined as performing any of the following:</i></p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) annually • Flexible sigmoidoscopy every five years • Annual FOBT plus flexible sigmoidoscopy every five years • Double-contrast barium enema every five years • Colonoscopy every ten years <p>No/No reason documented (0): Select this option if colorectal cancer screening is not current.</p> <p>Not current for medical reasons (3): Select this option if the screening is not current due to medical reasons.</p> <p>Not current for patient reasons (4): Select this option if the screening is not current due to patient reasons.</p> <p>Not current for system reasons (5): Select this option if the screening is not current due to system reasons.</p>	<p>Colorectal cancer screening: documentation colorectal screening is “up-to-date” or “current”</p> <p>FOBT: ColoCARE, Coloscreen, EZ Detect, Fecal occult blood test, flushable reagent pads, flushable reagent stool blood test, guiac smear test, Hemoccult, Seracult, stool occult blood test</p> <p>Not screened for medical reasons (3) may include: total colectomy, terminal illness, other reason documented by practitioner for not performing colorectal cancer screening</p>	<p>None</p>

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Influenza Immunization [PCFLUSHOT]	Instruction: Determine if the patient received an influenza immunization from September through February of the measurement period. Yes (1): Select this option if the patient received an influenza immunization during the influenza season. No/No reason documented (0): Select this option if the patient did not receive an influenza immunization during the influenza season. Not received for medical reasons (3): Select this option if the patient did not receive an influenza immunization for medical reasons. Not received for patient reasons (4): Select this option if the patient did not receive an influenza immunization for patient reasons. Not received for system reasons (5): Select this option if the patient did not receive an influenza immunization for system reasons.	 Not received for medical reasons (3) may include: egg allergy, adverse reaction to influenza vaccine, other reason documented by practitioner for not receiving an influenza immunization	None
Pneumonia Vaccination [PCPNEUMOSHOT]	Instruction: Determine if the patient has <u>ever</u> received a pneumonia vaccination. Yes (1): Select this option if the patient has <u>ever</u> received a pneumonia vaccination. No/No reason documented (0): Select this option if the patient has <u>never</u> received a pneumonia vaccination. Not received for medical reasons (3): Select this option if the patient has <u>never</u> received a pneumonia vaccination for medical reasons. Not received for patient reasons (4): Select this option if the patient has <u>never</u> received a pneumonia vaccination for patient reasons.	 Not received for medical reasons (3) may include: anaphylactic reaction, other medical reason(s) documented by practitioner for not receiving pneumococcal vaccination	None